

7. If the resident is ADL Category "C," does not receive Special Nursing Treatment along with Clinical Monitoring on all three shifts, is not receiving tube feeding, has a score of 3 or more in eating, and has either a behavior score of more than 2 or else has one of the neuromuscular diagnoses previously listed; then the Case Mix Classification and Weight shall be as follows:

ADL CATEGORY	CASE MIX CLASSIFICATION	CASE MIX WEIGHT
C	C-4	3.53

203. IDENTIFYING INFORMATION AND MISCELLANEOUS STANDARDS

Data is collected in the following areas for statistical and informational purposes only, and with the exception of Diagnosis does not affect classification/reimbursement:

- A. Facility Name.
- B. Vendor Number. The 8-digit facility number provided by the Department for Medicaid Services.
- C. Recipient's Name. Names are not abbreviated. Letters are filled in the blocks consecutively.
- D. Sex. Enter M for male and F for female.
- E. Primary Payor. This is a deleted field and is not being used.
- F. Resident Number. Enter the resident's Medicaid number. For residents in pending Medicaid status, enter the letter P and the Social Security number.

G. Primary, First Secondary and Second Secondary
Diagnosis.

This information is taken from the resident records; however, to facilitate accurate recording on the assessment document, the facility shall clearly list on the face sheet or the Minimum Data Set in each resident's chart the three (3) most current diagnoses. This shall include any neurodiagnoses. It shall be each facility's responsibility to insure that information relating to diagnoses can easily be found by the PRO reviewer. Reviewers shall use conversion codes to code diagnoses.

H. Date of Birth.

I. Date of Admission. Enter the date of the current admission to the nursing facility. A readmission after a hospital stay shall not constitute a new admission unless the hospital stay covers three or more midnight censuses.

J. Admitted From. Indicate the admission source using the following codes:

1. Home (personal residence) or personal care home
2. Hospital

3. Another Long Term Care Facility
4. Facility for Mentally Retarded
5. Psychiatric Facility

K. Physician's Statement of General Condition. The resident's condition shall be indicated using the following coding system:

1. Stable at present
2. Unstable at present
3. Improving condition
4. Deteriorating condition
5. Terminally ill

L. Wheeling. This ADL (which is not used to determine classification) shall be scored as follows:

0. Receives no personal help with wheeling, or does not use a wheelchair
1. Requires help negotiating doorways, elevators, ramps, locking or unlocking breaks.
2. Requires total help with wheeling.

Geri chairs, with wheels, shall be considered wheelchairs.

M. Communication. This ADL (which is not used to determine classification) shall be scored as follows:

0. Communicates needs and can be understood.
1. Communicates needs with difficulty but can be understood.
2. Communicates with sign/body language, written messages, gestures or other means. Resident understood but communication is very limited.
3. Communicates inappropriate content/garbled sounds/echolia. Cannot be understood
4. Unable or does not communicate.

N. Hearing (with hearing aid if used). This area (which is not used to determine classification) shall be scored as follows:

0. Adequate
1. Hearing difficulty at level of conversation
2. Hears only very loud sounds
3. No useful hearing
4. Not determined

- O. Vision (with glasses if used). This item (which is not used to determine classification) shall be scored as follows:

0. Adequate
1. Difficulty seeing printed material
2. Difficulty seeing objects in environment
3. Has no useful vision
4. Not determined

- P. Orientation. Orientation is defined as awareness of individuals to their present environment as it relates to time, place and persons. This item (which is not used to determine classification) shall be scored as follows:

0. Oriented
1. Minor forgetfulness
2. Partial or intermittent periods of disorientation
3. Totally disoriented; does not know time, place or person
4. Comatose; not conscious, persistent vegetative state
5. Not determined

Q. Self-Preservation Skills

This item is included to determine whether the individual has the mental judgement and physical ability necessary to cope with a changing environment or a potentially harmful situation.

This item (which is not used to determine classification) shall be scored as follows:

0. Independent
1. Minimal supervision
2. Mentally unable
3. Physically unable
4. Both mentally and physically unable

R. Special Programs. These items shall not be used to determine classification.

A special program is a service provided by a qualified professional. There is a written treatment program designed specifically for the individual, including goals and specific time limitations. Progress notes are written by the professional providing the service.

Enter the number one (1) under No Program if the resident is not on a Special Program. If the resident is on a Special Program at the time of the review, enter a 1 in the appropriate box.

0. No program ordered

1. Speech Therapy

Evaluation and treatment by a speech therapist or speech pathologist of a specific communication disorder.

2. Physical Therapy

Specialized treatment by a licensed physical therapist to restore function, relieve pain and prevent disability following disease, injury or loss of body part. "Maintenance" programs are included.

3. Occupational Therapy

Specialized restorative treatment by a registered occupational therapist involving use of sensory integration exercises, perceptual-motor techniques, skill practice and training for independence in activities of daily living and in social skills.

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4. Psychological/Behavioral Services

Program directed by a licensed psychologist or behavior analyst designed to change behavior or explore feelings and attitudes.

5. Psychotherapy

Face to face encounter with psychiatrist for evaluation, treatment or monitoring. (Do not code if service is limited to medication review.)

6. Respiratory Therapy

Care provided by licensed staff to improve respiratory function. May include mini-nebulizers, IPPB, incentive spirometry, postural drainage, respirator, suctioning and oxygen.

S. Psychotherapeutic Drug Use. These items shall not be used to determine classification.

Enter the appropriate code indicating drug orders.

Anti-Psychotic Tranquilizers (Major/minor)

0. None ordered
1. Ordered on a provided as needed (PRN) basis
2. Ordered on a regular, daily basis

Anti-Anxiety Tranquilizers

0. None ordered
1. Ordered on a provided as needed (PRN) basis
2. Ordered on a regular, daily basis

Anti-Depressant

0. None ordered
1. Ordered on a provided as needed (PRN) basis
2. Ordered on a regular, daily basis

Sedative/Hypnotics

0. None ordered
1. Ordered on a provided as needed (PRN) basis
2. Ordered on a regular, daily basis

T. Medication Information: These items have no bearing
on Resident Classification.

Medications: Enter the number of times administered
on the target date; enter zero (0) if none.

Example: If Micro K is given qid = 4 doses